



# Commitment Form for Countries

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Country: \_\_\_\_\_ Republic of The Gambia \_\_\_\_\_

*Please describe the specific financial, policy, and programmatic actions your country commits to taking to expand access to voluntary family planning by 2020:*

The government of The Gambia (GoG) is committed to increasing access to family planning (FP) and other sexual and reproductive health (SRH) information and services to all Gambians who need it, including adolescents and youth by 2020. This will be achieved by ensuring commodity security, availability of service providers and equipment at all service delivery points, regular supportive supervision, monitoring and evaluation.

## **Objective**

The government's objective is to

- Attain uninterrupted supply of contraceptives at all levels of care delivery by reducing the proportion of facilities having no FP commodity stock out from 17% to 10% by 2020
- Increase modern contraceptive prevalence rate (mCPR) from 9% in 2017 to 13% by the end of 2020 \*
- Reduce the unmet need for modern FP from 25% in 2017 to 21% by the end of 2020

## **COUNTRY COMMITMENTS**

The GoG commits to attaining high quality health service delivery as articulated in the National Health Policy and also in the RMNCAH policy. This can be attained through collaboration and partnership with her development partners and stakeholders.

## **Policy and Political**

The GoG, as contained in the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategic Plan 2017 -2021, commits to:

- a. Increasing access to FP and SRH services for all who need it including displaced persons, adolescents, sexually active unmarried couples, out of school youths, commercial sex workers, and other vulnerable groups
- b. Developing policies, interventions and action plans to support FP including a FP policy and strategic plan
- c. Increasing demand for FP by supporting initiatives to increase acceptance of FP in the country
- d. Coordinating activities of partners within and outside the health sector for effective implementation of FP programmes while ensuring the engagement of both government and non-government actors
- e. Scaling up services to enhance access to new contraceptive methods and technologies including implants and other methods
- f. Assuming leadership towards ensuring multi-sectoral approach with involvement of various stakeholders such as parliamentarians, finance and education to mainstream FP in all sectors as an issue for national development

## **Financial**

The GoG commit to:

- a. Creating a line in the national budget and providing incremental annual funding from **USD 150,252 in 2019 to USD 215,000 by 2020**, for Family Planning commodities and services including training of service providers, equipment and consumables, and monitoring and evaluation
- b. Developing a Costed Implementation Plan (CIP) for FP
- c. Engaging donors and partners including the private sector to mobilize financial and other resources for FP and SRH
- d. Allocating funds for FP services and activities such as male involvement, community mobilization and participation at all levels of care

## **Programmatic**

The GoG commits to:

### ***General Programmatic and Service Delivery***

- a. Establishing minimum care package and service delivery standards for FP and SRH services including FP by service delivery level
- b. Ensuring that all facilities and outreach stations have the minimum required FP methods (commodities) as per the national standard (natural methods, male and female condoms, pills, emergency contraceptive pills, injectable contraceptives, contraceptive implants, intra-uterine devices, vasectomy and bilateral tubal ligation)
- c. Providing the minimum required for FP including human resources at all service delivery points
- d. Develop service delivery protocols and guidelines for FP at all levels of care
- e. Reviewing and updating FP training curricula for each level of care and for all cadres of service providers, to include newer contraceptive technologies such as implants
- f. Building the capacity of service providers and community mobilisers by providing regular training and supportive supervision on FP including counseling
- g. Ensuring that all the pre-service trainings for different cadres of health professionals have integrated all the core competencies to provide quality FP services in to their curricula
- h. Supporting pre-service training institutions with manpower, equipment and infrastructure
- i. Providing linkages between FP and other services by integrating FP in all RMNCAH activities including post abortion family planning and postpartum family planning which may be integrated with maternity care and immunization
- j. Strengthening data management by provision of standardized recording and reporting formats and tools. Service providers and records officers will be trained on these health management information systems (HMIS) and logistics management information systems (LMIS) standards

### ***Advocacy and Awareness***

- a. Developing a communication strategy that will address various target audiences
- b. Involving religious, traditional, community, women and youth leaders in FP and other SRH activities
- c. Raising public awareness and involvement in FP and SRH related issues and services with a particular focus on men
- d. Conducting interactive community dialogues on gender issues and harmful traditional practices to improve community norms and gender relations

- e. Providing age tailored and context-specific information to adolescents and young people on SRH including FP, for example through comprehensive sexuality education in schools
- f. Constructively engaging the media for provision of accurate and unbiased information on FP
- g. Enhancing the use of mass media, social media, entertainment and recreational activities to disseminate FP and SRH information

### ***Contraceptive Security***

- a. Instituting a robust LMIS for contraceptives and other SRH commodities
- b. Strengthening reproductive health commodity security at all levels of the public health system
- c. Ensuring access to commodities in all parts of the country through effective last mile distribution through various mechanisms such as community based distribution
- d. Training and supervising service providers for effective management of FP commodity supplies and consumables
- e. Building national capacity to manage FP commodity supplies by provision of appropriate computer hardware (e.g. tablets) and software (e.g. CHANNELS), and training on its use

### ***Innovation***

- a. Conducting research on market segmentation and price rationalization (ability to pay) and using findings to help develop a strategy to expand role of private sector
- b. Developing/strengthening innovative mechanisms for increasing access to FP and SRH such as social marketing and outreach services
- c. Supporting research to inform FP and SRH interventions, for example, the reproductive health commodity security (RHCS) survey and community based research on gender dynamics in health

### ***Young People***

- a. Developing training manuals and providing trainings for service providers on adolescent friendly services taking into consideration not just the environment but also issues relating to timing, provider attitudes, types of messages and modes of delivery of messages, and other issues that affect adolescents e.g. stigmatisation, substance abuse and others
- b. Establishing youth friendly health services within all existing service delivery points to enable youth to access FP information and services in a conducive environment
- c. Establishing/strengthening youth centres to be able to provide FP and SRH information and services as well as linkages to other health services
- d. Building capacity of health training institutions on adolescent SRH

\*The increase in modern contraceptive prevalence rate is for married women.